24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Senate Conservatives Fund	C C00448696
	O 555 1555
Check if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee Senate Conservatives Fund	Date of Public Distribution/Dissemination
	03 / 22 / 2014
Mailing Address PO Box 388	Amount
City State Zip Code	430.75
Alexandria VA 22313-0388	Transaction ID: E09004A6164464AB09ED Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Online Processing Category/ Type	03 22 2014
Name of Federal Candidate Support Office	e Sought: House District:
Christopher Brian Mcdaniel Oppose	President State: MS
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
Full Name of Payee Alliance Strategies Group Inc.	Date of Public Distribution/Dissemination
Mailing Address 7700 Congress Ave	03 24 2014
Ste 3208	Amount
City State Zip Code	8487.20
Boca Raton FL 33487-1358	Transaction ID : E33153BA5F29540F1805 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Email List Rental Category/ Type	03 31 2014
Name of Federal Candidate Support Offic	e Sought: House District:
Christopher Brian Mcdaniel Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	8917.95
,	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
2 4.10	04 02 2014
Signature	